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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 300.00)

Complete if Known	
Application Number	10/692,378
Filing Date	October 23, 2003
First Named Inventor	Joseph C Salamone
Examiner Name	Kuo Liang Peng
Art Unit	1712
Attorney Docket No.	P03005D2

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 02-1425 Deposit Account Name: Bausch & Lomb, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	300.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description _____

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
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50	25
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims	
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Fee (\$)	Fee Paid (\$)
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$$4 - 20 \text{ or HP} = 0 \times 0.00 = 0.00$$

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Fee (\$)	Fee Paid (\$)
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$$1 - 3 \text{ or HP} = 0 \times 0.00 = 0.00$$

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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$$- 100 = / 50 = \text{round up to a whole number} \times 250.00 = 0.00$$

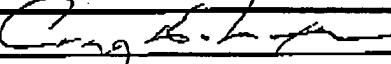
Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	27,917	Telephone	1-585-338-5528
Name (Print/Type)	Craig E. Larson				Date December 16, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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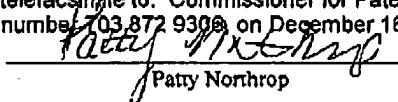
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DEC 16 2004

Application of: Joseph C. Salamone et al.)
Serial No.: 10/692,378) Examiner: Kuo Liang Peng
Filed: October 23, 2003) Group No.: 1712
Title: HIGH REFRACTIVE INDEX)
AROMATIC-BASED SILOXANE)
MONOFUNCTIONAL)
MACROMONOMERS)

CERTIFICATE OF MAILING BY TELEFACSIMILE

I hereby certify that this correspondence is being sent by telefacsimile to: Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, at telephone number (703) 872-9300, on December 16, 2004.


Patty Northrop**Response to the Notice of Allowance mailed September 17, 2004**

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Honorable Sir:

In response to the Notice of Allowance mailed September 17, 2004 Office Action regarding the above-identified application, enclosed find a Request for Continued Examination (RCE) Transmittal. Please charge the required fees to Deposit Account 02-1425.